SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:					PAGE	-	46 OF	=	51	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mylan Inc. Political Action Committee (MYPAC) Full Name (Last, First, Middle Initial) ROBERT S TIGHE Date of Receipt Mailing Address 3 MIRAMICHI TRAIL 30 2015 City Zip Code State Transaction ID: PR575674243846 WV 26508-2928 **MORGANTOWN** Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation HEAD OF MPI Mylan Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. JOHN H TODD Date of Receipt Mailing Address 4519 LAUREL RIDGE DR 11 30 2015 City State Zip Code Transaction ID: PR575674543846 **MORGANTOWN** WV 26508-8687 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Mylan Pharmaceuticals Inc. SENIOR MANAGER ANCILLARY SERVICES Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Timothy G Wait Date of Receipt Mailing Address 9185 KIPLING WAY 30 2015 State Zip Code Transaction ID: PR575677943846 IL MACHESNEY PARK 61115-7640 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С

90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

240.00

Occupation CONTROLLER

Aggregate Year-to-Date ▼

P/R Deduction (\$10.00 Bi-Weekly)

federal political committee.

Mylan Institutional Inc. (Rockford)

Other (specify)

General

Name of Employer

Primary

Receipt For: